

# Henry County Health Department

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henrycounty.in.gov



**Public Health**  
Prevent. Promote. Protect.

## Public and Semi-Public Pool and/or Spa Permit Application

Name of Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Parcel ID \_\_\_\_\_

Name of Owner/Corporation \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Pool Water Surface Area (ft<sup>2</sup>) \_\_\_\_\_ Pool Water Volume Capacity (gallons) \_\_\_\_\_

Pool Manager/CPO \_\_\_\_\_

Send Mail To (select one)    ☐ Establishment    ☐ Owner/Corporation

**Required Permit Fee (seasonal is operating May, June, July, August, and September only):**

annual:	\$50.00
seasonal:	\$25.00
additional fee for each additional pool or spa:	\$25.00

*I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Permit Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Permit Fee Paid \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_